

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Cove Residential Services
Centre ID:	OSV-0002087
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Carriglea Cáirde Services
Provider Nominee:	Vincent O'Flynn
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 July 2017 09:00	24 July 2017 19:30
25 July 2017 09:00	25 July 2017 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the third inspection of this centre which forms part of an organisation which has a number of designated centres in the region. This was an announced inspection to inform the decision of the Chief Inspector following the provider's application to renew the registration of the centre.

The centre was granted registration in December 2014 having been inspected in June 2014.

In 2016 the provider applied to vary the condition of registration and add an additional unit. That application was granted following an inspection.

The inspector also reviewed the two actions required following that inspection from the inspection of 2016 and one had been fully resolved with one partially resolved.

How we gathered the evidence:

The inspector met with most residents and spoke with four residents. Other residents

communicated in their own way and allowed the inspector to observe some of their daily life and routines. Residents told the inspector they were very happy living in the centre. They said staff always helped them as they needed it. They said they enjoyed their workshops, day care and were doing the activities they wanted to do.

A resident showed the inspector the Special Olympic medals they had won and explained how the support plans helped them to manage.

The inspector received four questionnaires completed by relatives and these indicated a high level of satisfaction with the care provided, good consultation, shared decision making and good communication with staff and managers.

The inspector also met with staff members, the person in charge and the provider nominee. All three premises were visited.

Description of the Service:

This centre is designed and registered to provide long term care and a small number of shared care/transitional arrangements for 13 adult residents, male and female. The findings indicate that the service provided is congruent with the statement of purpose.

The centre is comprised of 3 individual houses located in easy access to a coastal town. Suitable high-support day services are also provided by the organisation.

Overall judgement of our findings:

This inspection found that the provider was in substantial compliance with the regulations which had positive outcomes for the residents.

Good practice was observed in the following areas;

- governance systems were effective and robust (outcome 14)
- residents social care needs and preferences were well supported which ensured a good quality of life (outcome 5)
- residents had good access to healthcare and multidisciplinary specialists and good personal planning systems were evident which promoted their wellbeing (outcome 5)
- risk management systems were effective and proportionate (outcome 7)
- medicine management systems were safe (outcome 12)
- numbers and skill mix of staff were suitable which provided continuity and supportive care for the residents (outcome 17)

Improvements were required in the following areas to improve the overall outcomes for residents;

- Safeguarding residents from potential or threats of assault by peers which impacted on their psychological well-being (outcome7).

Minor improvements were required in:

- more detailed safeguarding plans
- consistent reviews of restrictive practices.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities)

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in its entirety but from a review of records and speaking with some residents, it was apparent that they had choices in their daily lives and routines and were consulted in regard to their living arrangements. Their families or next of kin were also consulted and involved on their behalf which was appropriate to their needs.

Residents' meetings were held and there was evidence that key workers supported and advocated for individual residents who required additional support at this forum. There were systems in place for communicating with residents to elicit their preferences where they were unable to directly express their wishes. Some pictorial images and social stories were used, and resident's non verbal communication was seen to be well understood and documented by staff. They were supported to make decisions.

Advocacy services were available and there was evidence that the managers and key workers also acted as advocates on resident's behalf, including seeking alternative accommodation and additional supports where this was needed for resident's quality of life.

Most residents were assessed as not being able to manage their own finances.

The current arrangements for the management of resident finances are satisfactory. Resident monies were currently lodged in a specifically designated account. Individual accounts were set up within it and detailed statements including interest accrued were made available to the resident and families.

All transactions were seen to be detailed with a robust auditing and monitoring system

evident.

The provider had engaged in lengthy negotiations with a financial institution to enable residents to have their own accounts with inherent safeguards.

Any complaints made by residents were seen to be resolved satisfactorily at local level with evidence of monitoring by the provider.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The policy on admission takes account of the suitability of the service to deliver the care required and the compatibility of residents to live together.

One new admission had taken place and a transition from another unit in a congregated setting had occurred. From a review of the transition plans the inspector was satisfied that both of these had been managed in a well planned and phased manner in order to ensure the best outcome for the residents. Multidisciplinary and social work supports had been consistently available throughout.

From a review of a sample of contracts for service these were satisfactory and pertinent to the specific care arrangements for each resident. Fees and additional charges were detailed and any additional charges were reasonable

The provider was in the process of reviewing all contracts to ensure they were in line with the revised charges as outlined by Health Service Executive 2017.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the

maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that residents had frequent access to a range of multidisciplinary assessments and interventions. There were comprehensive assessments of their health, psychosocial and mental health needs undertaken which informed residents care and personal plans.

The records available of the annual reviews did not fully demonstrate that the residents' assessed needs including behaviour supports and safeguarding issues were comprehensively reviewed at these meeting. There were however, regular multidisciplinary meetings and internal reviews held which encompassed these matters. Goals were identified and these were seen to be acted upon, whether for social, psychosocial, developmental or clinical interventions.

The personal plans were very person-centred and demonstrated a good understanding of and support for the residents across a range of domains including health, self care, communication, personal relationships and community access. The plans were very detailed as required by the resident's needs and took account of their preferences and wishes.

From a review of a sample of 5 personal plans and related documentation, the inspector found that resident's needs were identified and plans were made to address these.

The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and their representatives as required by their needs. There was evidence of regular consultation with families and representatives and they attended the review meetings held.

The resident's social care needs were very well supported with lifestyle plans made based on assessments and their personal preferences. These were regularly updated. They attended a number of individually tailored high support day services which provided music, drama, sensory therapy and physical activity including working with horses and they told inspectors how much they enjoyed these activities.

There is a swimming pool on the grounds of the organisation which was used frequently by the residents. They did relaxation therapy and also had responsibility for various tasks and small jobs within the units such as helping to set the table and tidy their own rooms and told the inspector they enjoyed doing this.

The day services and other activities were seen as an integral part of the resident's lives, with good communication systems evident to ensure continuity of care.

It was noted that despite the high support and complexity of needs there was a

commitment to ensuring that resident's social care needs were met.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed in its entirety as the premises were reviewed in 2016. All units were suitable for purpose, homely and brightly decorated. The new unit was fully and suitable furnished and residents rooms had been personalised with their own favoured possessions. All works outstanding at the previous inspection had been satisfactorily completed.

The units were spacious and all had suitable en-suites or adapted bathrooms to facilitate residents. All were easily accessible and had accessible gardens for residents.

All units and grounds were well maintained with suitable lighting and heating and equipment and all had intruder alarms installed.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Systems for identifying and responding to risk were found to be proportionate and proactive to ensure residents safety and rights. Fire safety management systems were

found to be good with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. There were fire doors and fire compartments in all units.

There were regular fire drills held with residents some held late in the evening or early morning and simulated night time staffing levels and residents. Any issues identified were addressed.

Records showed that all staff had undergone fire safety training and a number of newly recruited staff had this training prior to commencing work in the new unit which opened in 2016.

Manual handling and patient transfer training was also up to date for all staff. There were suitable and detailed evacuation plans available for all of residents. Daily checks on the alarms and the exits were undertaken by staff.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices took place regularly and were detailed and centre-specific with any deficits identified and rectified.

The risk management policy complied with the regulations including the process for learning from and reviews of untoward events and was implemented in practice.

The risk register was detailed and identified pertinent risks including environmental, clinical and behavioural or safeguarding. There were suitable controls in place to militate against these.

There was a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff who confirmed this.

The policy on infection control was detailed. All equipment and vehicles used for residents had evidence of regular servicing and or road worthiness.

Each resident had a comprehensive individual risk assessment and management plan implemented for risks identified as pertinent to them. These included risks of falls, choking, inadvertently going absent and self harm. The detail and control measures identified were seen to be satisfactory and pertinent to the specific risk or level of risk. Systems in place to minimise risks included locks on the front doors, suitable door and seizure sensors and falls management plans. Staff were very familiar with these practices for the individual residents.

The systems for learning and review were evident and included responses to individual incidents of behaviour, medicines errors, accidental injury and audits of such incidents and remedial actions taken. All the units had easy access.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that the provider and person in charge prioritised the safety and wellbeing of residents. However, in one instance it was apparent that the safety and well-being of residents were impacted upon by the behaviours of other residents. The records available demonstrated a decrease in physical peer to peer incidents following increases in staffing and clinical interventions and support plans implemented by the provider and person in charge. However, further episodes of threatening behaviours and therefore psychological abuse were evident and continuous.

In acknowledgement of this and the vulnerability of the residents who were the subject of the behaviour the provider had sourced and equipped a separate unit to be registered which was deemed a more suitable arrangement for a resident. This was reviewed by the inspector in April 2017 and deemed suitable.

Staffing and day-care arrangements for this service had also been considered in accordance with the resident's assessed needs.

However, the funding was not available at the time of this inspection to commence this process and the provider was in continued discussion with the Health Service Executive in relation to this. However from the record seen and speaking with staff this continued to have a significant impact on vulnerable residents despite the day-to-day supports and efforts of staff.

There was good access to clinical psychology and psychiatric services and frequent reviews of residents who presented with challenging behaviours. Sensory assessments had also been provided to support residents.

There were very detailed behaviour support systems implemented and additional resources, environmental structures, on-going therapeutic work with residents and one-to-one staffing made available.

Safeguarding plans were in place but they required further detail as to the interventions which were actually being implemented. Staff were able to describe these to the inspector however. This action had been required since the previous inspection. The records available indicated that staff had training in challenging behaviours and in the use of MAPA (a system for the management of behaviours).

A number of restrictive practices were used across the units. These included reasonable measures such as securing the front door to protect residents who would be at significant risk of injury if they left the units unsupervised. A half door was used in one

kitchen area due to the high risk to a resident should they access this area unsupervised. Appropriate sensors were used on some doors to alert staff to movement. A number of restrictions on access to specific materials and checking of residents possessions were also used.

Having reviewed the rationales for these procedures the inspector found that they were reasonable given the significant nature of the specific risks identified. However, evidence of trials of alternatives, decision making and review by the multidisciplinary teams was not clearly defined in the documents available. It was apparent that the rationale for the interventions was known to the residents and considerable time was given to supporting their understanding of these.

Despite these safety concerns the provider ensured those residents' daily lives and social activities were not restricted or hindered in any way.

A number of other strategies had been implemented including restrictions on admission to two units in recognition of the challenges presented.

The policy on the protection of vulnerable adults was implemented in the centre. Staff and managers were very aware of and adhered to the reporting procedures. The provider had a dedicated social work service and a suitably experienced designated officer appointed. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse.

The staff who spoke with the inspector articulated a good understanding of the types of behaviours which would be abusive and the reporting systems. The residents who could communicate with the inspector stated that they felt safe.

A range of other systems were in place to protect the residents. There was regular oversight of their care and safety by managers, evidence of good communication with families, external advocates had been sourced for some residents and recruitment procedures were safe.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A review of the accident and incident logs, resident's records and notifications forwarded

to the Authority, demonstrated that the person in charge was in compliance with requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The residents healthcare needs were well supported and monitored. A local general practitioner (GP) service was responsible for the healthcare of most residents and they were seen either at the day service or in the clinic. Records and interviews indicated that there was frequent, prompt and timely access to this service.

There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, and neurology. Psychiatric and psychological services were available internally. Chiropody, dentistry and ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions and plans were detailed and staff were aware of these. These included dietary supports. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine and specific health issues.

Staff were very knowledgeable on the resident's health issues and how to support them. Nutrition and weights were also monitored and residents were encouraged with healthy eating plans and support from staff as observed by the inspector. Meals were prepared in the units and these were seen to be in accordance with the residents' dietary needs. Due to risks identified not all residents could participate in this.

Residents helped the staff to shop for food. The food was seen to be nutritious and served in a dignified manner. Some residents used adapted crockery and cutlery to enable them to stay independent. They said they liked the food. At the weekends and for special occasions the inspector saw and was told by a resident that they go out locally for meals.

No resident required end of life care at the time of this inspection. However, plans had

been made in relation to aspects of this in consultation with relatives and residents as appropriate.

The provider had the capacity and had already demonstrated the commitment in other centres to maintain residents in their own homes at this time if this was their preference. There was detailed information available should a resident require transfer to acute services and staff told the inspectors that arrangements were made for them to support residents in this.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for all medicines was found to be satisfactory. The inspector saw that there were appropriate documented procedures for the handling, disposal of and return of medicines.

The inspector saw evidence that medicines were reviewed regularly and altered as necessary both the residents GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and were known by staff. There was data provided to staff to ensure they were familiar with the nature and purpose of the medicines and any medicines required to be administered in an altered format were adhered to.

Regular audits of medicines administration took place which detailed any discrepancies noted. A small number of errors had been identified and these were appropriately managed by the person in charge.

The healthcare assistants had training in medicines management and staff also had specific training in the administration of emergency medicines. There were detailed protocols in place for the administration of this medicine.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded and was compliant with the requirements of the regulations. Admissions and care delivered to residents was in accordance with this statement.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the governance arrangements were suitable, effective and accountable to ensure the safe effective delivery of care.

The management team operates on the direction of the board of directors. The chief executive officer acts as the representative of the provider.

The senior management team consists of the person in charge/clinical lead, deputy person in charge, administrator/quality and standards manager, human resources manager, and a finance manager. There are social work and psychology services integral to the organisation.

The person in charge works full-time and is a registered nurse, intellectual disability and a general nurse. She had significant experience working in services for people with disabilities with 15 years in a management role. Staff and the residents were very

familiar with the management structure and it was apparent from speaking with the residents and staff that the managers were actively engaged in their functions. Although the person in charge was also responsible for another very large centre there was no negative impact on the governance in this centre. The person in charge was supported by a deputy manager who was also suitably qualified and experienced with roles and responsibilities defined and implemented.

Both the nominee and the person in charge continued to demonstrate their knowledge of their responsibilities under the Health Act.

The reporting systems were clear and formal with all service areas clearly carrying out their respective duties to a good standard. This was demonstrated by the cohesive systems for quality improvement, health and safety reviews and responses to accidents and incidents. The managers meeting records demonstrated evidence of good auditing, analysis of practices and prompt remedial actions taken where necessary.

Audits of adherence to the standards were undertaken regularly in each unit.

The provider had undertaken two focused unannounced visits since 2016 and an annual report for the quality and safety of care for 2017 was available. This provided a detailed analysis of financial status, clinical governance arrangements, access to advocacy services, accident and incidents, complaints and safeguarding issues. The report also identified strategic plans for the ongoing development of the service.

There were systems in place to elicit the views of residents and relatives including a twice yearly open forum for relatives. The views expressed were seen to be very favourable. A further forum had been initiated in 2017 to ensure relatives were informed of safeguarding practices. The provider had enlisted an external service to assist families to form a parents / relatives association. The inspector was satisfied with the systems and oversight processes.

There was evidence that the provider was responsive to the changing needs of residents .This was demonstrated by the opening of the additional unit in 2016, the block on admissions to reflect safeguarding issues and the additional staff resources provided to support residents.

All of the legal documentation required for the purpose of registration had been forwarded in a timely and complete manner.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the skill mix and numbers of staff were suitable to meet the needs of the residents. The residents were assessed as not requiring fulltime nursing care but medical care needs were overseen effectively by the person in charge ,deputy and on call nurses in the organisation available out of hours.

All social care workers had appropriate third level qualifications and all healthcare assistants had FETAC level five which is the minimum requirement.

A qualified social care worker was rostered each day in all units for oversight purposes.

A review of a sample of the personnel records showed evidence of good recruitment procedures with all the required documentation procured prior to staff taking up post. All staff identified to work in the new unit had undergone all the required mandatory training prior to taking up work with the residents.

There was a detailed induction programme and staff supervision systems were in place. From a review of the training matrix the inspector found that there was a commitment evident to ongoing mandatory training including manual handling, fire and safeguarding which was provided internally. All staff were found to have training in challenging behaviours, first aid, medicines administration and person-centred care planning.

The provider had made a significant commitment to the provision of additional staff to provide one to one supports for residents where necessary.

Deployment and rostering arrangements were seen to reflect the different levels of supervision and support necessary with between two and three staff available at different times in some units. There was waking and sleep over staff in two units with a sleepover staff in another. There was also a night duty manager on the campus that could be accessed by staff as needed.

There was evidence of regular communication and contact between the management team, the staff in the units and the day service to promote continuity of care for the residents. There were also a detailed unit based communication systems within the units.

Staff meetings took place monthly and these were seen to be very focused on residents care, development and progress.

Staff were found and observed to be very knowledgeable of and diligent in addressing the residents' needs, patient and respectful in supporting residents and of their own roles and responsibilities and expressed their confidence in the confident in the manage team.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Carriglea Cáirde Services
Centre ID:	OSV-0002087
Date of Inspection:	24 July 2017
Date of response:	21 August 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Restrictive procedures were not consistently reviewed and monitored to ensure they remained necessary and were the least restrictive option.

1. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

One of the residents of the Cove Residential service has completed a review of the restrictive procedures in place for him with the support of the MDT on 02/08/2017.

A provider led review of restrictive procedures will be initiated in the Cove Residential Service and also across the Designated Centres throughout Carriglea Cairde Services.

This review will be undertaken in the context of national policy and evidence based practise and with the support of the services quality committee.

Specifically the provider review will focus on the restrictive procedure register with the objective of developing the register to reflect

1. reviews of restrictive procedure timelines
2. levels of monitoring to ensure restrictive procedures remain necessary
3. The decision making process including timeline and review undertaken by multi-disciplinary personnel and or individual / team based decision making
4. Each individuals safety and welfare
5. The inclusion of Next of Kin initially and at the annual Person Centred Plan.

The interim report of the provider into the review on restrictive practise process and procedure will issue to Restrictive Practises Committee of Carriglea Cairde Services by mid October 2017 for its consideration

The report of the provider review will be finalised on receipt of the input from the Restrictive Practises Committee and relevant recommendations to be implemented by 01/11/2017.

Proposed Timescale: 01/11/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Protect vulnerable residents from on-going physical threats of abuse by peers.

2. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

Safeguarding plans are in place for residents where deemed necessary and these plans will be reviewed and continue to be regularly reviewed.

All staff are to be vigilant in relation to supervision and supports required to maintain the safety and wellbeing of the residents.

Additional staff supports and additional transport are currently in place at weekends.

Daily assessments inform members of staff on duty on the requirement for the allocation of supports to residents in order to protect vulnerable residents from on-going physical threats of abuse by peers.

With regard to the separate units of accommodation which have been secured, the provider has forwarded the action plan and costings for staffing of these units to provide individualised day and residential service, to the HSE. The HSE have been re-appraised of the situation and a copy of the plan is also attached as part of this submission.

The transition to individualised services is to commence in September 2017 with the development of the individualised day service from the new proposed location. The residential option is to be progressed in the final quarter 2017 with a view to commencing in quarter 1 2018 following registration with the Health Information and Quality Authority.

Proposed Timescale: Day Service - September 2017 & Residential Service February 2018

Proposed Timescale: 28/02/2018